

CHRIS CHRISTIE  
Governor

## New Jersey Office of the Attorney General

Division of Consumer Affairs  
State Board of Dentistry

124 Halsey Street, 6<sup>th</sup> Floor, Newark, NJ 07102

**Via Certified and Regular Mail**

KIM GUADAGNO  
Lt. Governor

November 1, 2013

Patricia F. Lynch, D.M.D.  
255-257 4<sup>th</sup> Street  
Hoboken, NJ 07030

RECEIVED AND FILED  
WITH THE  
N.J. BOARD OF DENTISTRY  
ON 11-20-13 *DA*



JOHN J. HOFFMAN  
Acting Attorney General

ERIC T. KANEFSKY  
Director

**Mailing Address:**  
P.O. Box 45005  
Newark, NJ 07101  
(973) 504-6405

### RE: OFFER OF SETTLEMENT IN LIEU OF FORMAL ACTION – File #87356

Dear Dr. Lynch:

The New Jersey State Board of Dentistry ("Board") has reviewed the available records related to patient complaint #87356 (patient J.S.). Upon review of all available information, the Board has determined that you submitted insurance claim forms that contained incorrect procedure dates and did not accurately reflect the treatments rendered to the patient, in violation of the provisions of **N.J.A.C. 13:30-8.10(6)**, which provides the basis for disciplinary action for engaging in the use of fraud, deception, and misrepresentation pursuant to **N.J.S.A. 45:1-21(b)**, and violating a regulation administered by the Board pursuant to **N.J.S.A. 45:1-21(h)**.

Prior to commencing formal action, the Board is offering you an opportunity to settle this matter. Please review the terms contained in this letter and if you agree, sign the attached "Acknowledgment and Agreement" and return it to the Board. This letter and the signed Acknowledgment and Agreement will be considered the equivalent of an order of the Board and will be public information. Once signed, failure to comply with the terms of this agreement will result in further action and additional sanctions.

By resolving this matter through signing the Acknowledgment and Agreement, you will:

1. Admit that you submitted insurance claim forms and received payment for treatment not performed, and inaccurately reflect the treatments rendered.
2. Agree to the assessment of a civil penalty of \$1,000 for submitting inaccurate insurance claim forms, which is deemed to be engaging in the use of fraud, deception and misrepresentation.
3. Refund any money paid by the patient and insurance company (Cigna) for these procedures.

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If you agree to these terms, sign the Acknowledgment and Agreement and return it to Jonathan Eisenmenger, Executive Director, New Jersey State Board of Dentistry, P.O. Box 45005, 124 Halsey Street, Newark, New Jersey 07101. . Payment of the penalty should be made by check or money order payable to the "State of New Jersey" and submitted with the signed acknowledgment form. Restitution should be made by check or money order made payable to the patient, and submitted to the board office with the signed acknowledgment form. Once filed, a copy will be forwarded to you. You may wish to consult with counsel regarding this offer of settlement.

This settlement offer will remain open to you for (15) days from the date of service of this letter. In the event that no response is received from you within fifteen days of your receipt of this letter, the Board will deem its offer rejected and the offer will be withdrawn.

As stated above, should the Board file a civil or administrative action, it will seek penalties in excess of those offered in settlement and may seek an order requiring you to reimburse certain monies and/or requiring you to pay costs and attorney's fees.

Should you have any questions concerning this letter or the settlement offer, please do not hesitate to contact me at (973) 648-6405.

Sincerely,  
**New Jersey State Board of Dentistry**

  
Jonathan Eisenmenger  
Executive Director

cc: Swang Oo, DAG

### ACKNOWLEDGMENT AND AGREEMENT

I, **Patricia Lynch**, admit that I submitted insurance claim forms for payment of services which did not accurately reflect the treatments rendered to these patients and the dates that services were rendered.

I agree to cease and desist from submitting inaccurate insurance claim forms, and will set office protocols that will ensure that all insurance claim forms are completed and submitted in compliance with all applicable statutes and regulations.

I agree to the assessment of a civil penalty of \$1,000.00 against me for engaging in the use of fraud, deception and misrepresentation. Enclosed, please find a check or money order payable to the "State of New Jersey".

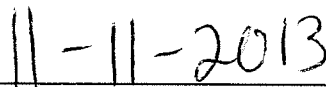
I agree to refund any money paid by the patient and the insurance company (Cigna) for these procedures. Enclosed, please find a check or money order made payable to the patient for the total amounts paid. I have also enclosed a copy of the current patient ledger that documents the refunds that have been made.

I understand that if I am found to engage in the continued use of fraud, deception and misrepresentation by submitting inaccurate insurance claim forms, I will be subject to additional sanctions, including injunctive relief, second offense penalties consistent with N.J.S.A. 45:1-25, attorney's fees, and costs.

I am aware that by signing this acknowledgment and agreement, I am certifying that I have read and understand the settlement proposal offered in the letter from the New Jersey State Board of Dentistry dated November 1, 2013. I understand that by signing this document, I am waiving any rights I may have to defend myself against the charges of wrongdoing. I am also aware that the action taken against me by the Board is a matter of public record, and that the letter and the Acknowledgment and Agreement are public documents.



Patricia Lynch, D.M.D.



Date